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"YOUR HEALTH IS IN YOUR HANDS"

Health Risks in the Pacific

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WORLD COUNCIL OF CHURCHES

Sub-Unit on Church and Society

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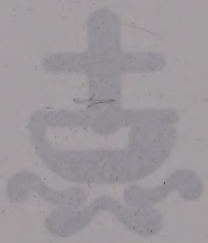

WORLD COUNCIL OF CHURCHES

Sub-Unit on Church and Society

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PREFACE

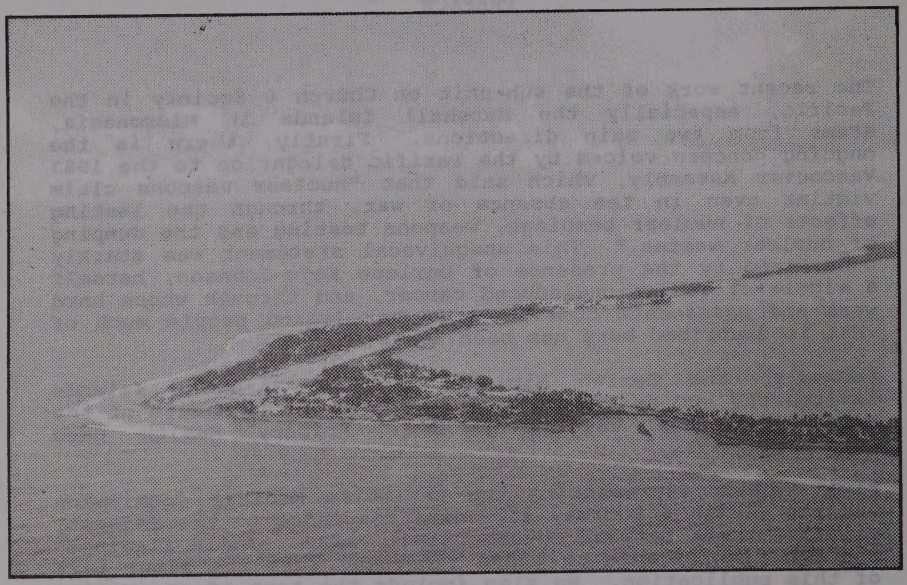
The recent work of the sub-unit on Church & Society in the Pacific, especially the Marshall Islands in Micronesia, stems from two main directions. Firstly, there is the ongoing concern voiced by the Pacific delegation to the 1983 Vancouver Assembly, which said that "nuclear weapons claim victims even in the absence of war, through the lasting effects of nuclear bombings, weapons testing and the dumping of nuclear wastes." This unequivocal statement was starkly underlined by the presence of Darlene Keju-Johnson, herself a victim of radiation-induced cancer, and through whose hard work and passionate commitment to her Island people much of what is described here has been achieved.

Secondly, the Health Minister of the Marshall Islands invited the WCC to send a team to evaluate the health of the Marshallese and the government's Primary Health Care programme.

Five persons representing the Christian Medical Commission and the Church & Society sub-units responded to the request, visiting there between October 11-21, 1987. Their findings, and the significance of these findings, form the final part of this publication. We also include the text of an evening forum held by the churches of the FRG during the Hannover meeting of the Central Committee, the text of an interview between Dr. Erlinda Senturias, the team leader, and Dr. Freda Rajotte, our programme secretary. There is also a short statement by Darlene Keju-Johnson, health worker in the Marshall Islands and member of the Church & Society Working Group, and a message from the September 1988 meeting of the Pacific Council of Churches.

We hope that the publication of this booklet will be a small contribution to the raising of awareness among member churches as to what has been and is currently happening in the Pacific and what positive steps are essential. We wish to express our gratitude to all who participated in this exciting and challenging work, especially members of the Team Visit and the Evening Forum during the Central Committee and especially to Darlene and Giff Keju-Johnson. We are also grateful to Betty Wilson for transcribing and assembling the material.

David Gosling
Director
Sub-unit on Church & Society



Majuro Atoll

World Council of Churches
CENTRAL COMMITTEE
Hannover, FRG
10 - 20 August 1988

EVENING-FORUM, 19 August 1988, 20.00 - 22.00 h.:

Nuclear Testing in the Pacific

PANEL

Dr. Erlinda SENTURIAS, Programme Director for Ecumenical Health Concerns, National Council of Churches in the Philippines

Ms Céline HOIORE-ATGER, French Polynesia, student of theology, member of WCC Central Committee

Rev. Puafitu FAA'ALO, Tuvalu, member of WCC Executive and Central Committee

Dr. Mary SELLER, United Kingdom, professor of clinical genetics at Guys Hospital, London

The Most Rev. John HABGOOD, Archbishop of York, Moderator of WCC Church and Society Sub-Unit

The session discussed the findings of a WCC team visit in October 1987 to the Marshall Islands led by Dr. Erlinda Senturias, within the broader context of threats posed by continued nuclear testing in the Pacific. The discussion focused on positive steps which must be taken for the planning of health and the protection of the environment in the Pacific nations affected by nuclear testing.

The Most Rev. John Habgood (Moderator)

Good evening and welcome to this forum. The forum is sponsored by the Church and Society sub-unit of the World Council of Churches, the sub-unit which deals mostly with matters affecting science and technology and the effects of these on a world wide basis. We are going to be concerned with the findings of a team visit to the Marshall Islands. This is a project already undertaken in conjunction with the Christian Medical Commission, concerning health in the Pacific Islands. Let me first introduce the staff of Church and Society: Dr. David Gosling, the director, and Dr. Freda Rajotte, the programme secretary.

Now, the particular topic which we are to consider arose out of a study done in the Philippines which had opened up various connections with the Pacific Islands. A member of our working committee has important responsibilities for health care in the Marshall Islands and it was out of our connection with the Pacific and out of her particular concern that they were invited to the Marshall Islands to do the particular study which you are now going to hear about. The leader of the study team was Dr. Erlinda Senturias, sitting at the end of the table, who is Program Director for Ecumenical Health Concerns of the National Council of Churches of the Philippines. Dr. Senturias, would you tell us about the team visit.

Dr. Erlinda Senturias

Let me start with giving you a brief description of the geographical area and some historical notes, and then I will proceed to give you details on the health situation of the people there and the health programme that is being undertaken by the Marshallese government as well as by the United States of America. The whole of the Republic of the Marshall Islands covers an area of 500,000 square miles, the vast expanse of which is the Pacific Ocean, the Marshall's most valuable resource. Widely dispersed in the ocean are 29 atolls comprised of small islets. Four of these atolls have been directly exposed and contaminated by the H-bomb explosion in 1954, namely, Bikini and Einewetok, from where the people were evacuated to Rongelap and Utirik, but because of the wind Rongelap and Utirik also were affected. Our team, however, did not visit these four atolls, but another three atolls. One was Majuro, which is the seat of the government. Another was Kwajalein, which is the largest atoll and which is still used as a missile range and target area for MX and other missiles fired from California 6,000 kilometers away. In that atoll there are many islets and we found that the people from 20 inhabited islets had to be evacuated onto one small islet named Ebeye which is 1.5 kilometers long and 200 meters wide, and is now known as the "slum of the Pacific". In this area there are 9,000 people living, or 55,000 persons per square mile. We also discovered that in that area there are around 5,000 land owners living on the various islets who have stayed plus other persons from Rongelap (which means that they are people who are beneficiaries of certain medical aid coming from the United States of America). We also visited an outer island. They call a place an outer island once it's out from the center of government. The island we visited is 15 miles away from Majuro, and it took us one hour and 10 minutes by speed boat to travel to that area, just to give you an idea of how far distant the places are.

We found out that only Majuro has a hospital, a very sophisticated hospital, which takes up 40 per cent of the

health budget of the government. There are many Philippino expatriates who are medical doctors in the hospital. There is also a small hospital in Ebeye, but it is poorly equipped, not even having reagents for urine analysis, a very simple laboratory examination.

In Ebeye there are already some basic structural changes that have reduced the incidents of communicable diseases caused by unsanitary water. They have a desalination plant which is very expensive. It is a huge plant where they desalinate the water from the Pacific Ocean to provide good clean water to the Ebeye population. They also have a waste treatment plant so that in that particular small area they're able to control water-born diseases.

In the outer islands we visited a dispensary in Arno Atoll but most of the equipment is already delapidated or not in use and there is one health assistant who always complains of difficulty in communicating with the main government center and who feels inadequate. He feels that he needs more training, so that he could serve the needs of his people in the area.

During our visit we found that currently the most common diseases are adult diabetes, obesity, and hypertension, attributed to the increase in the consumption of sugar-containing food. For example, in that area they have plenty of coca cola and you can see the discarded cans thrown in the lagoon and on the islets. Instead of using their own coconut juice - or coconut water - they have become very much dependent on US goods. Most of the food comes from the United States and, of course, is more expensive than what is available at the PX in the Kwajelein military base. So there has been a change in the nutritional pattern of the people in that area.

Dental caries are high among the people and in areas where there are increased unsanitary conditions, prolonged diarrhoea and malnutrition. We also found there is an increase in the suicide rates among young people and in teenage pregnancies attributed to the disruption of the cultural practices and living patterns.

In Ebeye, where we had occasion to talk with the Rongelap affected people, we found that they complain of increased incidents of nodules in the thyroid gland which later on become thyroid cancer. Some also complained of leukemia. But the problem according to them is that they do not know the real result of their medical examinations. Whenever they have nodules, or cancer, they are brought out of the Marshall Islands under the so-called 177 Plan where all the expenses are paid, and then the research is done in the United States, but the results are not reported to them. This is one problem area with regards to their

self-understanding of health now being promoted by the government, which is "Health is in your hands". We feel that health is not yet in the hands of the Marshallese. First of all, they do not decide. They are not participants in the decision making with regards to their health.

For example let me acquaint you with the 177 Plan that is undertaken by the US government. It has an annual budget of two million US dollars and is managed by Mercy International Health Services run by US personnel. This is done under the provision of the Contract of Free Association which is a 10 year plan. It provides health services for exposed persons and a comprehensive service to the four atolls affected by the fallout. First, this means four visits per year by a physician which is usually an American Caucasian physician who people prefer to a Philippino physician or to their own doctors. Second, the transport of persons requiring higher medical care is free, so if they are sick they are brought to the United States to be studied. However, the test results are not brought back with them.

They have tried to do some innovating by venturing into primary health care, which means putting some money towards a training scheme for health assistants to help the outer island people with regards to their health problems. The people in charge of this programme realize that there are many shortcomings. The first one is the subsidy of $US 10 per day. It has proved to be an incentive for being ill rather than remaining healthy. So when we were there we saw people in the hospital with a headache, because if they are hospitalized they receive US$ 10 per day. This works against the principle of primary health care. Second, there is a strong preference for medical care by visiting American Caucasian physicians. And third, it has caused envy and jealousy from others excluded from the plan who regard it as a privilege and far in excess of what is provided by the general Marshall Island Health Services.

What the government is promoting, "Health is in your hands", is very difficult to realize if there are separate plans by the US government and by the Ministry of Health. First of all, if we talk of primary health care, it means participating in the decision making with regards to health. Secondly, primary health care is empowerment of the people, and we found that the people are powerless, dependent - mainly to the US - and hopeless. This feeling of hopelessness probably contributes to the increase in suicide.

Let me just inform you of the recommendations given to us by the Marshallese people and also articulated by their own government. The first recommendation is to continue to raise awareness among member churches of the World Council of Churches and in particular the National Christian Council

of Churches in the USA on the issues obtaining in the Marshall Islands. It is necessary to create political leverage on Congress to provide access of the Marshall Island Ministry of Health to the medical records of the Marshallese being studied since the beginning of the atomic testing there, and provide access to US courts to redress claims of injury.

Moderator

Thank you very much. I suspect most of you are too young to remember what happened in the Marshall Islands, but what did happen was that after the war the Americans took over some of the islands for the testing of atom bombs. This continued up to 1958. The Marshallese allowed this to happen because they were told that this was something to help mankind and to help there to be a safer world. Many of them were removed from their islands and made to live on other islands. The tests in the islands stopped after one particularly disastrous test where the wind changed at the wrong time and the radioactive cloud blew over inhabited areas.

What you're hearing now from this medical report is what it's like 30 years later, the patterns of illness which have developed, and in particular the patterns of dependence. That is the main thing that you found, isn't it? That because there is a very powerful ally, or power which can provide everything - food, medical attention, and so on - it is an advantage to be ill. Can you tell us how many are in the catagory of people who receive special medical attention because they might be the victims of fallout?

Erlinda Senturias

Originally, it was 176, then it was increased to 8,260 persons, because there were also people added by mayors and other community representatives as beneficiaries. So 22 per cent of the total population are now beneficiaries, because the Marshall Island population is 37,000 people.

Moderator

Thank you. So there you have a developing social pattern as a result of events that happened long ago that is now locked into a pattern of dependence and recurrent sickness which is very difficult to break.

If you go to French Polynesia, there you are in the area where nuclear testing is still taking place, this time by the French. These are underground tests but nobody quite knows how much radiation is released. Céline Hoiore-Atger comes from French Polynesia. She's one of the young members

of the Central Committee who will talk to us about the French tests.

Céline Hoiore-Atger

"'Urana" - that means "Good evening" in my language. Please receive greetings from Polynesia. Polynesia means 'many islands' and it is divided into eight groups. It was colonised in 1842 by the French Government, after having fought with the people of Tahiti. We are now called French Polynesia. France pleaded the advantages of national defense and affirmed that she was at home in Polynesia. She had, therefore, the right to proceed with nuclear testing in which neither the population nor the environment would risk anything. We have to note that the Atolls of Mururoa and Fangataufa were left to her, so when Polynesia reaches independence, France will still keep her sovereignty over these atolls. Nuclear tests in the atmosphere started in 1966 on the Atoll of Mururoa and since then, instead of giving us the right to exist as human beings they are treating us as people without dignity or integrity. Petitions were made following anti-nuclear demonstrations and protests by independent groups, churches and governments in the Pacific. It was mentioned that the radioactive cloud would move and pollute the environment of New Zealand, Australia and the entire Pacific. These facts did not bring them to any decision to stop their tests, but only to change the method of testing. From 1973 until now they have been testing underground, and we don't know what will happen to the sea or to our fish. But the report that was given to us indicates that we will become like the Marshallese.

What were the changes after the establishment of the nuclear testing site in Tahiti? When you see money somewhere you are tempted. Mururoa became a hope for many people, and today 2,000 Tahitians work there. It is an atoll far away from Tahiti where most of the people live. The men who work there are provided with housing and get high salaries - two or three times higher than the average wage in Tahiti. They visit their families once in two weeks or once in a month, or even once in three or six months. On Mururoa their daily life is surrounded by their churches, also by my church, because 400 of them are Protestant. Many of them are trained as choir masters and when they come to Tahiti they visit our church. Although they feel at home on Mururoa they have to leave their families. Their wives have to sacrifice, and look after their children alone until their husbands retire or are declared polluted. They are not allowed to speak about what happens on Mururoa, but commit themselves before going.

We, as observers, as Christians, living away from that atoll, used to say the bomb is a synonym of death. What is the use of working hard if we have to suffer the

consequences of our work? We dig our own tombs. More and more women, men, and children are suffering, dying of cancer, leukemia, heart problems and handicaps. In 1987, 261 sick persons were sent to Paris, to hospitals 20,000 kilometers away from their homes.

In 1980 the church produced some slides giving information about our islands and the synod also decided to speak openly. This is the first time the church has spoken openly against the use of nuclear materials. The synod wrote a letter to the French President, but we didn't receive any answer. All the Protestant churches in France are in solidarity with us, and continue to oppose the nuclear tests. We are still saying, "If it is safe, test it in France, we don't want it. Store it in the United States, but we don't want it. Dump it in Tokyo." We say again, "You have to stop."

I must confess the majority of our people are not against the testing because there is a lack of information and France is shutting our mouthes with money. Then there is the question that if nuclear testing is stopped, how do 2,000 people find jobs? We also ask France, when the people of Tahiti eventually get their independence or whenever you decide to leave or stop your tests in Mururoa are you ready to provide 2,000 jobs to those people? We recognize very well what the WCC, has done through being in solidarity with us, but we must also save ourselves. Our life is in our hands first of all, but I know as Christians you are ready to help us. Please, that's our call to you.

Moderator

Thank you very much, Céline. I've noticed that when anyone who lives in the Pacific Islands talks about them they always refer to how small they are and how vulnerable, a beautiful environment but very fragile. This sense of being very small and weak in front of very large forces which it is impossible to get at is one of the tragic features of that area as it has been exploited in a variety of ways by the great world powers. So now we have received a testimony from someone telling us what it feels like on the receiving end. And of course the churches have accepted a particular responsibility to try to help the world understand what is happening and this is going to be very important when the World Council of Churches meets in Canberra in 1991, when we shall be able to give a special prominence to Pacific affairs. But of course a lot can happen between 1988 and 1991 and one wants to see things happen now.

Now we are going to hear something about the responses that the churches on the spot are trying to make to these problems. The Rev. Puafitu Faa'alo comes from one of the

islands, Tuvalu. He is a member of the Central Committee and is also on the Executive Committee of the World Council.

Rev. Puafitu Faa'alo

From the facts that have already been presented on the report of the team visit to the Marshall Islands and also from our speaker on the present situation in Tahiti, not "French Polynesia" because we don't know any such place in the Pacific. You may now be assured that we in the region of the South Pacific are victims of the nuclear testing that has been done and that is still going on. At the very beginning of the process our people were more or less given the wrong information and so the nuclear testing more or less started without much resistance on our part. But today, as the rest of the world knows, we know that it is not good for us. We do not want it in our region and moreover we do not need it. The scientists of the countries involved in this evil practice in our region are still trying to tell us, "Don't worry. Everything is very much under good control," but we are no longer to be fooled.

In the Pacific - and most especially the churches in the region - we are protesting very strongly against nuclear testing. Most recently, we are also protesting against any intention to dump toxic waste in our region. At Vancouver we protested very strongly at the Sixth Assembly of the World Council of Churches. Currently, the Pacific Conference of Churches with its headquarters in Fiji has established a desk for justice and human development which makes one of its concerns the facilitating of the voices of the churches on such issues as justice, peace and human rights in our region. In June this year, during the World Council of Churches mid-assembly regional meeting held in Honiara, we learned of one of the island nations in the Pacific - that is the Island of Tonga - considering the dumping of toxic waste in Tongan water. From that meeting in Honiara we sent off a telex to the King of Tonga in protest and we thank God that the process didn't take place - and was not accepted by the Parliament of Tonga.

Now, just a short story: One of the church leaders who was in Honiara at that time, had a dream. He saw a fire burning and he saw himself in the fire. When he woke he offered God a prayer of thanks. He interpreted it to mean that when he goes back, and if the dumping of toxic waste was still going to take place, God wanted him to be the first to be burned in order to start a revolution.

Also from the meeting in Honiara we sent off a statement - a letter - to the meeting of the Pacific leaders of government soon to be held in Samoa, raising into their agenda issues that concern the churches in the region. As a region we are in many ways weak in our protesting. Maybe we are not

protesting strongly enough. Maybe our political leaders are more concerned about diplomatic relations and the flow of monetary aid into our island economies from the rich countries of the north. Churches in the region are watching this very closely - this attitude of our governments and our political leaders, understanding that in receiving aid from the north we are more or less buying bread for today and hunger for tomorrow.

Our islands are very scattered and separated by the sea. It is very expensive to travel, so as churches we only occasionally meet and discuss these issues. Our scatteredness contributes to our powerlessness. We have limited resources in terms of money and professional personnel to analyze and deal with problems and issues in the region. Those more or less are the witnesses on our part.

The stand of the churches in the South Pacific region to protest strongly against nuclear testing may be understood from two simple points: The first one is a question. What kind of society do we want to live in? What kind of future do we want our children to have? The answer is quite straightforward. We do not want to have a nuclear-radiated environment to live in. We do not want the air we breathe and our sea and ocean to be toxic with chemical waste. The French government does not want it either. That is why they do not do the testing closer to Paris. The United States conducted tests in the Marshall Islands because they did not want to carry out the tests at the front door of the White House in Washington, D.C. The same practice applies also to all other countries involved in the process of nuclear testing and the dumping of nuclear waste. The second point relates very much to the ecumenical concern for a conciliar process of mutual commitments toward the issues and concerns for justice, peace and the integrity of creation.

We all need to recognise that the disastrous effect of nuclear testing and dumping of toxic waste in the South Pacific region is a problem of international dimension. In this whole crazy business of nucleaar testing and dumping of toxic waste, we in the Pacific may be the first victims, but your time here in Europe will finally come when nature's cycles come around. You, too, will all be victims. Both the nuclear testing fallout and the poisonous toxic wastes that go into the air and the water will circulate around our world.

We are sure of the fact that our small helpless voices from the many waters in the South Pacific may not be strong enough to solve the problem of nuclear testing and dumping of toxic waste in the world, but we will continue to protest strongly as a moral duty on our part to call the attention of the whole world community to this global problem.

Perhaps our protest will finally call the human family throughout the world, and you here in Germany, to be more responsible and caring for the continuous survival of our human race. Finally, but not the least, wherever you may have come from, any kind of assistance and support that you may be able to give as churches from the north to our Pacific Conference of Churches or to our churches in the region, to help us in our protest against these evil practices, is effort and perhaps money well spent for the cause of the survival of the human family on the face of this earth today and in the years to come. Thank you.

Moderator

Thank you very much. Now we have the opportunity for a few questions or comments.

Questions and Comments

1. During the building of the bomb, even before its testing, - first in Algeria, and then later in Tahiti, - the French Protestant Churches have strongly and repeatedly protested without any effect on the government at all. Political changes don't make any difference in this field. I would like to say two things: first, this is a sign of the terrible military power. You can do whatever you want, but it goes on. Secondly, even if it is certain that there are some political consequences, it continues. I think, finally, the greatest guiltiness of my country lies in its violation of the soul of another people. The fact that France uses Polynesian people in the worst colonial way in that field, I think, is the most demonic aspect of this situation. We will continue to protest. I don't know if it will ever change anything, but I just wish to share these things with you. Thank you.

2. I would like to know what has happened since Vancouver. Has the protest coming out of Vancouver been heard by governments, thus not only by the churches but by the public? Are encouraging processes under way or do we simply have to say that the protest coming from the islands is too weak?

3. There is nothing earth-shaking that I could tell you, but maybe I could tell you something small that happened in Bavaria. After the Assembly in Vancouver was over, after this protest, we started to inform ourselves about the Pacific and then we started to do something: we collected signatures, demonstrated, wrote letters and went to our Synod. Our Church (Landeskirche) was the first in Germany to condemn these tests in the Pacific. This year we started a new campaign, called

"fish-campaign". On the Bavarian Mission Day, we protested again against the tests, and we informed the well over one thousand people who were there. They all wrote their protest onto a large sheet which we will bring to Strasbourg. We will be there on September 13 when a proposal will be discussed. A commission should be sent to Mururoa. We want to try to have as many people as possible come to Strasbourg to support this proposal.

Moderator

Do you wish to say anything about the effectiveness of the protests which were made at Vancouver - have they made any difference, from your point of view?

Puafitu Faa'alo

Yes, I think the protest made at Vancouver was one of the strongest impacts to be made by the Pacific churches at the world level and since then it has been more or less taken up seriously in the programme of the WCC, though sometimes we feel that it has not been dealt with seriously enough. But in our region at the moment there hasn't been any doubt at all on the part of the churches that we have always been protesting and we are still protesting, because the problem is still going on. Thank you.

Dr. Senturias

During our visit in the Marshall Islands Darlene Keju-Johnson, who gave the testimony in Vancouver, being a member of the Ministry of Health, was engaging in an activity that involved the young people in an awareness education programme on what's happening in the Marshall Islands. They have a programme called 'Youth to Youth Health Program', because, according to her, it's very difficult to speak in political terms. Since she was criticised for speaking too boldly in Vancouver, she's trying another approach and involving the young people. These young people are involved in developing puppet shows that would show the people the essential - or the root causes of their health problems. They also develop songs that are reflective of their own cultural tradition and tell their story starting from the time that when the 66 nuclear tests were done (1948 to 1954). In such a way they are able to do some sort of political education and awareness building.

Lorine Tevi

I would like to share my observation from the World Council of Churches level in terms of the regional interest and also in terms of what happens in the other countries. Your

presence tonight is a clear indication of your interest in the issue. And I would like to say on behalf of the Pacific people how much we have appreciated what the German country has done.

At the Vancouver Assembly a cry came from the Pacific people. It is the Germans who have taken this issue most seriously. You have initiated different pressure groups wherever you are and I am sure that most of you are in those pressure groups. And beginning last year the Protestant Mission established a Pacific desk so that it can look at the issue. This is a great step in your solidarity with us. And now we've just been told that other solidarity groups are establishing a coordination office near Stein. We congratulate you for that and we thank you for hearing our cry and we feel this is the beginning of our solidarity together.

The sharing of information that is needed and that we are now beginning to do is a vital step on our road together. For the Pacific Churches Puafitu has recounted what is happening and we begin to pick up momentum again. Even though we cry for a nuclear free Pacific treaty, we know very well that because of other interests our governments cannot come out strongly to really say, "No, we don't want it and we refuse to receive your money, and all that goes with it." So we need to keep challenging our governments. I believe that the need now is for more at the high political level and your country, Germany, is very close to France. If there is a way in which you can mobilize your strategies to be able to work for us on that government to government level negotiation, that is one of the areas that we have to tackle. But in order to tackle that you need, of course, the facts - and you need the truth of what you are fighting for. You've heard the cry of Céline and Puafitu, and all of us who cry when we share the experience. The greatest contribution we can make from the Pacific is our hope and our faith in a loving God who loves everybody. We don't have the financial resources to do all that we would like to, but we know that we have the faith and the hope that our struggle is a struggle for justice and peace for us and for all of creation in the world. Thanks.

Comments

1. Here in Germany, much is happening. The situation is very similar to the one in the Pacific Islands. It is a very small group lost in a wide ocean. The Pacific groups in Germany consist maybe of 300 or 400 men and women, not more. They are a few people who are completely committed and dedicated to this issue, in solidarity with the people of the Pacific region. These few groups are trying to get the churches involved in this struggle. Our question is: How can we become

stronger and bring about real changes? A handful of people are not influential enough. How can we approach our Evangelical Church in Germany and encourage it to take up these issues concerning the Pacific? Maybe a commission is needed which would independently study the situation in the Polynesian region, both of the past and the present. We know that studies of the American area exist, but there are no studies of French Polynesia - at least we don't know of any. With a study in our hands, we would be better able to exert pressure on governments. In my opinion it is time to approach our Church on a national level and give them facts so that they can tell the French what is happening.

2. I think it's necessary to see the problem as a global problem. Those who are involved in peace movements, and local peace initiatives, etc. should take these problems to those politicians who still call for nuclear security, who still believe that nuclear weapons secure the life of human beings - and show them that there are people dying now because of nuclear testing. And I'm sorry that pollution of our environment, next to our door, makes people weep, but not the deaths of people in the Pacific areas. I think we should see the Pacific problem as a global theme and a global discussion.

Moderator

Thank you. I think one thing that has become clear from what has been said so far is the need for much more publicity for these issues. A meeting of this kind can be a help. The WCC can be a help. Local networks of churches can be a help. I think there's also a need for firm evidence and this is where the study done by this team which went to the Marshall Islands is taking an important step in actually investigating what happened on the spot thirty years after the testing ended. And it seems to me that in a situation like that there are some quite clear things which could be done to help the people there. One of them is the perfectly practical issue of releasing the medical records so that the people concerned can know what is wrong with them. This seems to be a very important part of human dignity and is something which is possibly more profitable to lobby the politicians on, than on very large scale issues like nuclear weapons where there are a whole series of other considerations to be born in mind. There is a very specific task which can be done on the basis of detailed information, and this is the kind of task which we have been seeking to perform.

Let us ask Dr. Mary Seller who is Professor of Clinical Genetics in Guys Hospital in London to say something from the medical point of view about the effects of radiation.

Dr. Mary Seller

We have actually heard from our three speakers what these effects are. Basically they can be divided into two: somatic and genetic effects. The somatic effects are on the people themselves who are irradiated and include cancers. And the most common cancers are thyroid cancers, and leukemias and also the lung and breast cancers. Genetic effects are those on the unborn child, on the progeny of those who are irradiated. These come about in two ways: firstly, because the irradiation affects the gonads, (the ovaries and the testicles), of the individual and so harms the egg and the sperm which will make the new baby and this is then seen in the new individual as genetic disease, diseases caused by chromosome abnormalities or mutations of genes. Secondly, they have an effect on the developing baby itself. This is seen in malformations in the babies when they are born, and in growth retardation, so that babies are born small and never catch up their growth. The central nervous system is particularly vulnerable and microcephally (a small head) is very common with associated mental retardation. Those, I think, are the main effects.

Question

1. Has such information never been passed on to the people in the Pacific? Now you just say it quite academically, "Here and it is". I'm shivering, I'm getting cold - the way you present it, while I think that is how a doctor sees it. Don't the people in the Pacific know this?

Céline Hoiore-Atger

In the Pacific our doctors were suprised when they saw all these kinds of sickness first appearing in Tahiti. Some scientists who went to Mururoa stated that the atolls were not polluted. The WCC had to send a team visit. There has been no scientific confirmation given to the church. And the people are not informed of all these problems.

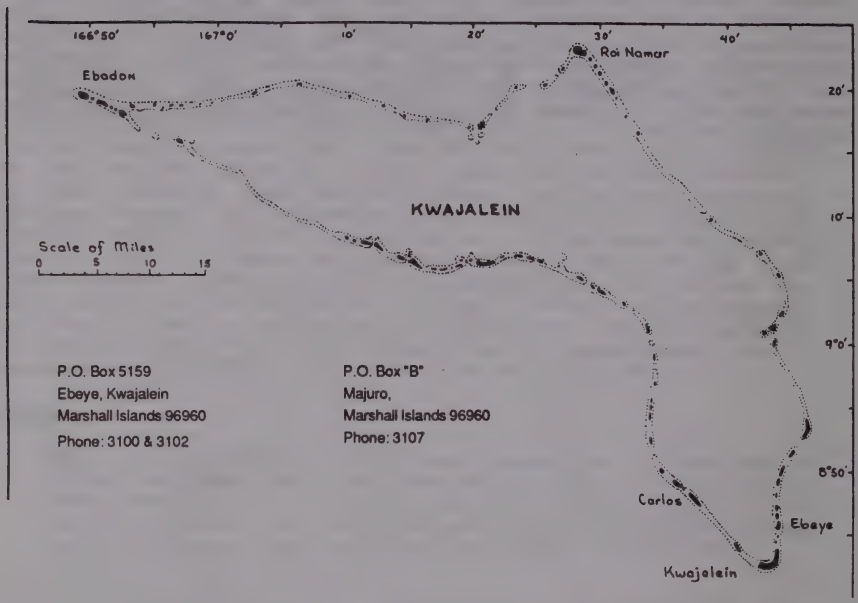
Moderator

I think we see here one of the constant problems in this area and that is of getting firm, hard evidence: evidence firm enough to persuade governments.

Just one or two closing remarks - I think it is obvious how much emotion there is about issues of this kind. And that is why it is good to allow an expression of feelings so that we can see the significance of such questions and then endeavor to find rational solutions. Secondly, the WCC programme on Justice, Peace and the Integrity of Creation (JPIC) is trying to bring together many of these issues, so that one is looking not only at what we are doing to nature

- including human nature - but also at the general effects of this in terms of the just relationship between people, including the military dimension, and hold all these dimensions together. And it's been noticable in our discussion how beginning from a fairly restricted topic people have then gone off into some major social or political or international problem because all these problems do relate to one another. In practice you have to study small problems in an isolated fashion, but you must do it with an awareness of how everything connects. And that's what the JPIC Programme is about - to show us how everything connects.

Kwajalein Atoll



P.O. Box 5159
Ebeye, Kwajalein
Marshall Islands 96960
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Erlinda Senturias discussing health care in the Marshall Islands.

FACE TO FACE
(from an interview with Dr Erlinda Senturias)

Dr. Erlinda Senturias, Programme Director of the National Ecumenical Health Concerns of the National Council of Churches in the Philippines and leader of the joint WCC Christian Medical Commission/Church & Society team visit to the Marshall Islands, talks to the Rev. Dr. Freda Rajotte, Programme Secretary of Church & Society.

(1) Freda: Erlinda, you were the team leader of this visit. When you look back, could you tell us what results you were expecting, and what your reasons were for undertaking this team visit.

Erlinda: The team members went to the Marshall Islands expecting to listen, see and learn from the Ministry of Health (MOH) how they carry out their health programmes knowing that health is a basic right of all, as outlined in their constitution. The Health Minister of the Marshall Islands, Mr. Tony de Brum, invited the WCC to send a team to evaluate their Primary Health Care (PHC) programmes. We expressed our desire to share the health issues confronted and programmes developed by the Marshallese with the leadership of the WCC as a follow up of the plenary presentation of Darlene Keju-Johnson in Vancouver. The team hoped to observe the strategies for transforming the health system through the Youth-to-Youth in Health which Darlene is developing under the Department of Family Health. We also expected to share our experiences in PHC and we were able to do this through meetings organised with the Ministry of Health and with the Roman Catholic school students and women's organisation. We expected to meet with church people to get their input on the project.

The results we were expecting were:

1) to list the health issues being confronted and the health programmes developed by the Marshallese, and interpret them to the leadership bodies of the WCC as a concrete manifestation of our support for the work of Darlene Keju-Johnson in the Marshall Islands.

2) to understand the basic concerns and perspectives of the Marshallese and their hopes for a better life for their people, knowing that they have suffered a lot from the hydrogen bomb testing of 1954 and the vast distances separating their atolls.

The reasons for undertaking the visit (as specified in the letters of Minister Tony de Brum) were to make a comprehensive evaluation of PHC in the Marshall Islands, and to consider what innovative programmes they have begun in order to support their project proposal in its entirety and to make sure that funding is made available soon.

(2) Freda: Please comment on your evaluations now that this phase of the study is complete.

Erlinda: There were a few problems and limitations which I will mention.

a) Time limitation and the geographical distance of the atolls prevented us from making a comprehensive evaluation.

b) The Ministry of Health officials were not really very open to receive further criticism of their organisation and programmes since they have just restructured them and want to give them a try. They are also fixated in some programmes like the usefulness of Marimed (the medical ship) that provides medical services to various atolls.

People administering the hospital in Majuro (Mercy International) were quick to defend their actions and policies. Some people were oversensitive to criticisms but probably it is in this regard where the team members could have been more careful.

c) The decision of our group to refrain from political issues was specially difficult knowing how interdependent the government resources were with the US aid/payment for victims of the hydrogen bomb testing and how the people expressed their medical problems as related to the testing.

d) For these reasons it was difficult for the team to write the report. On hindsight, maybe we could just have sent a facilitator to help them evaluate themselves. We had the chance to talk to the people of the Ministry of Health from various departments. The team members felt that the MOH main interest was to obtain funding for their project proposal. The final meeting with Tony de Brum was very cordial and helpful. The health officials openly expressed concrete ways by which WCC constituencies can help.

(3) Freda: Did you feel that sending a commission to the Marshall Islands was rather paternalistic or might suggest

that they are not able to handle and evaluate their own health problems?

Erlinda: We are now really moving towards participatory evaluation, which is a better style of work. However, in this case we were requested to undertake the evaluation by the Marshallese government's Ministry of Health.

(4) Freda: Your report looks only at the health concerns of people in the Marshalls. Yet the natural environment of the Pacific islands is also our concern. Darlene spoke to us of brown and soft bread fruit that people could no longer eat, of missile testing in the lagoon, and the fear of the radioactive contamination and pollution of marine life. The destructive relationship between people and the natural environment is not stressed in your paper.

Erlinda: Item 5 of the report deals with nuclear radiation and its effect on the lives of people and the natural environment. For example we cited that the women commented that they were warned that the more they eat of the fruits in affected areas the sicker they will become. The deep hurt of the people was even experienced by the team when an old man expressed his dissatisfaction of a group such as ours which is sponsored by the goverment. He declared: "Rongelap no longer exists" and left.

(5) Freda: These issues have been raised by Darlene at the Vancouver Assembly of the WCC. What were the specific reasons for focusing once more on this same concern. What additional problems did you hope to bring before the public awareness?

Erlinda: We focused our evaluation on the health programme of the Ministry of Health. We believe it was important to project the health situation and programme in the Marshall Islands, as well as to continue our solidarity with those affected by the hydrogen bomb testing. We also note that the work undertaken by Darlene is directly related to the situation of dependency. But while it may appear that the Marshall Islands are dependent on US money, the US is also dependent on the Marshall Islands because they want to use the Pacific for their militaristic interest.

(6) Freda: Linda, how do you think that this study may eventually be useful to anti-nuclear movements in the Pacific and to the people in French Polynesia, New Caledonia, in the Philippine Islands or in peace movements elsewhere? Can this meeting have any role in unifying the anti-nuclear movement and adding to a feeling of unity among the widely dispersed people in the Pacific? And if so, how

do you see this being done, what should our next step or follow-up be?

Erlinda: The most important contribution is in the stories that the people themselves tell. It is in the telling of the life story of the affected people that we gain our greatest strength. Of greatest importance is the tremendous psychological hurt, the tremendous dislocation and alienation of the people and the social consequences of the testing aside from medical effects of radiation. We have to insist that medical researches and records should be made known to the public.

7) Freda: How would you like to see the issues raised at the regional JPIC meeting of the Pacific churches in late September/October 1988?

Erlinda: The issue should be focused on the effect of foreign domination. It should highlight the continuing struggle of the Pacific people against nuclear testing. In particular for the Marshallese we should highlight the Rongelapese resistance to the programme of the Kwajelein base. US presence has a tendency to divide the loyalty of people in the name of some material gains they could derive from remunerations. Some benefit from the payments, others oppose the existence of the US bases and think this is part of the "divide and rule" tactics.

(8) Freda: Concerning the suicide rate and associated problems, very similar conditions of land loss, cultural and economic domination and high unemployment, a feeling of hopelessness and a closing-down of options are experienced among other indigenous peoples of North America, for example among the Canadian Indians. Has any attempt been made to encourage meeting and sharing of experiences between these communities?

Erlinda: I think you can learn from what Darlene is doing. The Youth to Youth programme provides a venue for the young to articulate their problems. One of the problems is limited job opportunities. The organisation provides a place where they can share their experiences, where they can ask each other how their education might be relevant - one concern is that their education is patterned after Western models, and after leaving school, what then? The atoll has limited space and limited resources but they have the vast ocean which is their most valuable resource that needs to be harnessed. They need to talk together and ask themselves what are their options. Perhaps there is a possibility for re-establishing their traditional fishing methods. At one time they had a tradition for navigational skill in the Pacific Ocean. US influence has destroyed their creativity, and destroyed

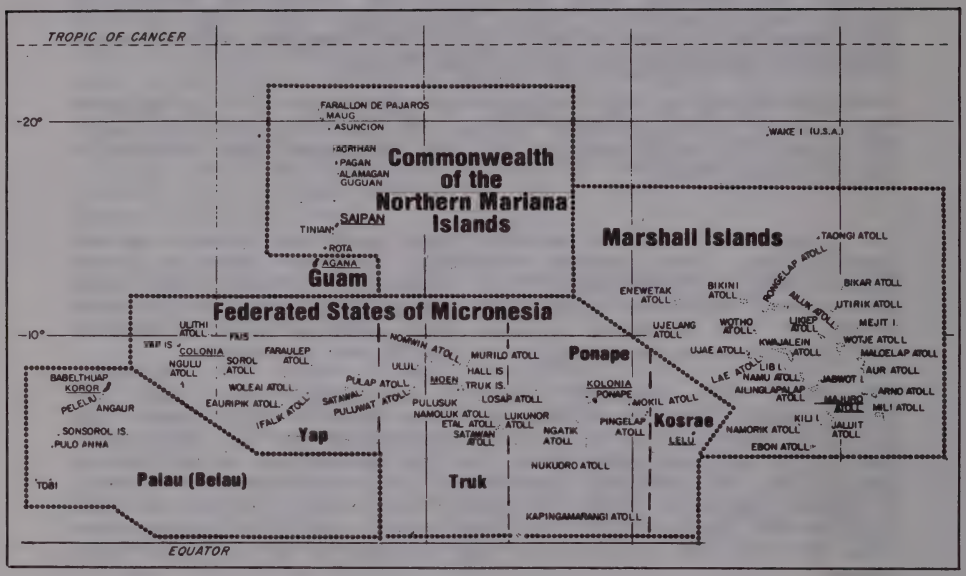
their traditional knowledge. Darlene has to enable the young people to analyze the situation and formulate solutions which are reflective of their Marshallese tradition. This is an important prerequisite prior to meeting with other similarly oppressed but struggling groups.

I think there is an element of betrayal of the genuine interest of the people to go back to their land or at least be given the full records of what happened both medically and to their land.

(9) Freda: I'd like to ask one final question concerning our methodology. It's always difficult to move between broad theoretical, theological or ethical propositions and particular detailed situations. From this particular case study in the Marshall Islands what general theological or ethical policy statements do you think can be drawn?

Erlinda: What should really determine the mode of development? The Marshallese have paid a big price for allowing the testing of the hydrogen bomb yet now they allow the US to use Kwajalein as a testing ground for missiles. In return the US provides incentives like desalination plants, a waste treatment plant, a health plan for victims. But the cry of the people who have been deeply hurt is to appraise them of the real situation. They remind me of the bent over woman.

The Marshallese have to grapple with the real issues and the US government should be courageous enough to present them the truth and we Christians should be able to support their just demands. Only then can healing and reconciliation take place. Only then can we see a "straightening" of their long period of "bent-over-ness"...



Darlene Keju-Johnson

STATEMENT BY DARLENE KEJU-JOHNSON

"Yokwe Kom" - greetings from the Marshall Islands.

We Marshallese have already had a preview of World War Three. We've had sixty-six atomic and hydrogen bombs dropped on our islands by the United States, six islands have been blown off the face of the earth and as a result our people and our environment have been seriously affected by radiation.

1954 is a year everyone in the Marshall Islands remembers because the US tested its biggest bomb ever. The Bravo hydrogen bomb was exploded on March 1 and high level fallout rained down on nearby Rongelap Atoll. The people suffered immediate skin burns, vomiting and diarrhoea.

And yet, even though this was the largest US nuclear test ever, the Marshallese were not warned about the test. This is typical of how Pacific people have been treated by the nuclear powers.

Forty years after the first tests at Bikini numerous health problems are developing. It has been well documented that the Rongelap people have an alarmingly high rate of thyroid problems, cancer, leukemia, deformities, miscarriages and other health problems.

I want to remind you that the Rongelap people were affected by high level radiation. In terms of low level radiation, we have found in our hospital records an increasing number of cancers, tumors, deformities and other problems spread throughout the Marshallese population. People constantly complain of bone aching and fatigue. Older people seem to be tired and worn out. It is very distressing. When I was growing up it seemed that most elderly people were healthy and energetic. But it is very different today.

I grew up on an island 300 miles downwind from Bikini Atoll. As a child I remember seeing the flash from one of the many tests. Like many other Marshallese I have fears about my health. Already I have had surgery to remove two tumors, and I have more that must be removed. I have to constantly watch my health.

Further, we've also seen problems in our environment. For instance, our fish are increasingly poisonous, and our arrowroot, a staple food for Marshallese (like a potato), has completely disappeared from the northern islands. Many

of our breadfruits are half-brown and half-green and often inedible.

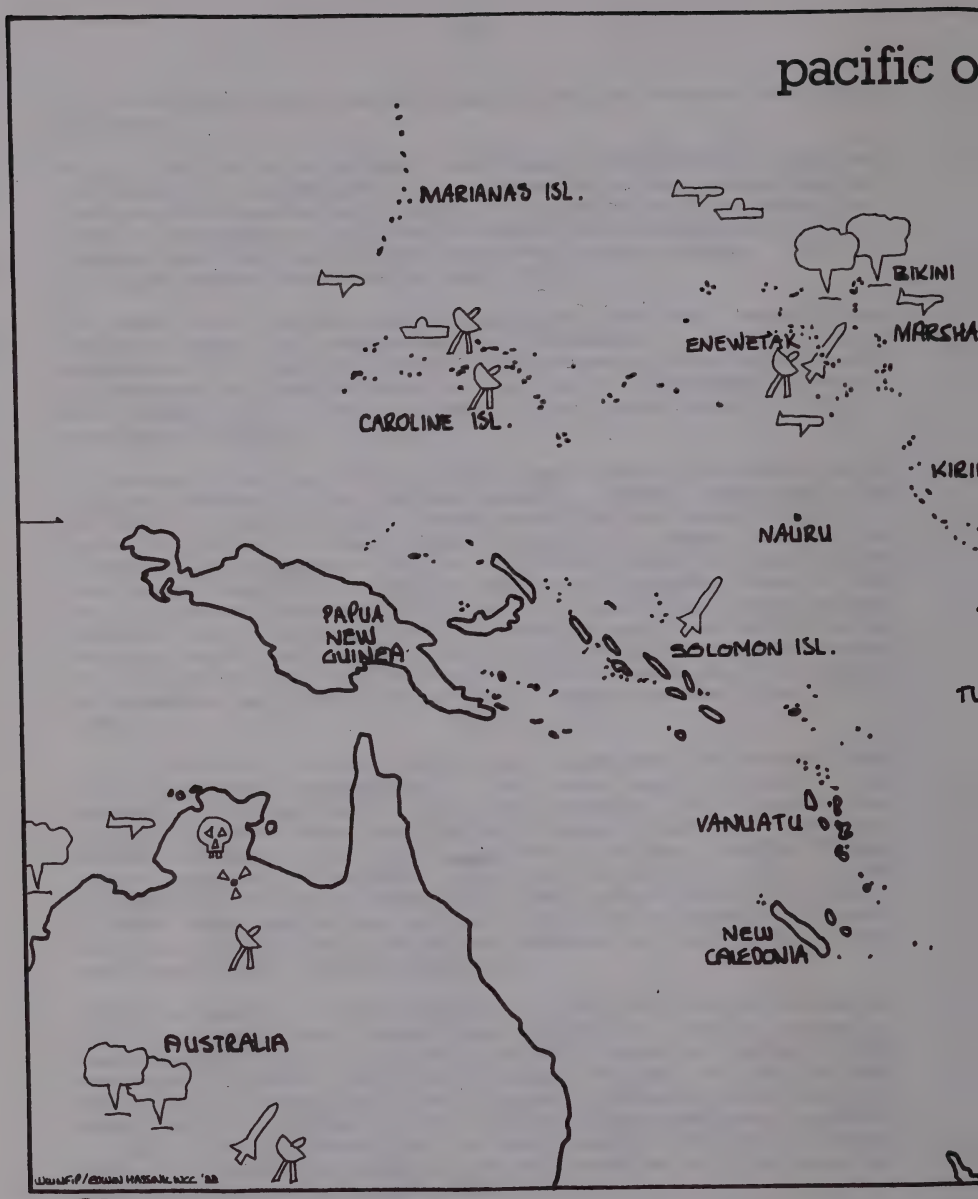
Today, people have a fear that almost every health problem is caused by radiation. It is becoming a big psychological problem for Marshallese people. The other fear is where are people going to go if their islands are contaminated? Our islands are very small but they are our only home. That is the most feared question we face today.

To make life worse for Marshallese our own Marshallese doctors have no knowledge of radiation - they don't understand the health problems that result from exposure to radioactivity. So we have to rely on US government doctors who always tell us not to worry, that everything is okay - even when we know it is not.

It seems to me that the Pacific has always been used as a dumping ground by the nuclear powers. Today, Japan and the US want to dump nuclear waste near the Northern Marianas. Once you build nuclear power plants, the waste has to be disposed of somewhere. We in the Pacific want to know where are Asian countries going to dump their nuclear waste? We may be few in the Pacific but we are going to stand strong together and make sure that no country pollutes our islands and our ocean any more. We will not tolerate nuclear waste dumping or storage in the Pacific and I can assure you that my brothers and sisters from Asian countries won't want this either.

It is not only nuclear waste that threatens to destroy the people and the environment. For more than 25 years, the Marshall Islands have been the number one target for missiles fired from the United States. And in the near future Kwajalein Atoll will be the site for testing "Star Wars" weapons. Because of the military tests, the Marshallese living at Kwajalein Atoll were forced off their islands onto Ebeye, an island with only 78 acres of land. Now more than 8,000 people are crowded on the island, with poor health and living conditions.

With the reality in the Pacific I have just described here, it is clear that each and everyone of us have a responsibility to make sure that this kind of history does not repeat itself. Pacific Islanders as well as you in this room have the right to live in peace. We must recognize the human cost of nuclear power and military programs: nowhere is this more obvious than in the Pacific region. I know that if we stand together on these issues we will be able to give our children a bright future.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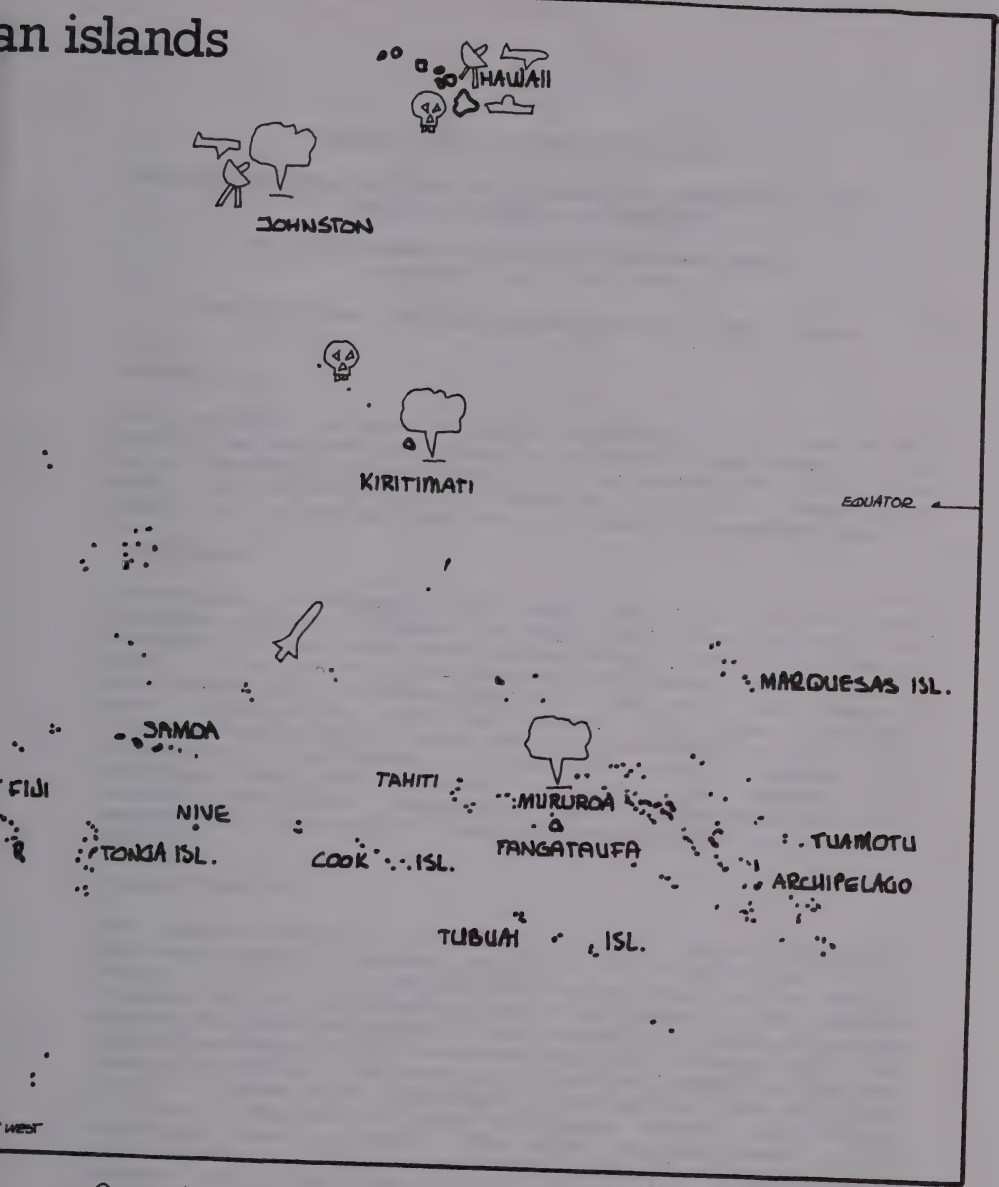


NAVAL BASE WITH NUCLEAR CAPABILITY

TE DUMPING

URANIUM MINING

MISSILE TESTING

MESSAGE FROM THE PACIFIC REGION:

The Nuclear Testing Issue at the Regional Meeting of the Pacific Council of Churches

Malua Theological College, Western Samoa
September 19 - 30, 1988

from the paper Pacific Issues by Rev. Albert Burua

Introduction

The discussion of Pacific issues highlights the struggle for peace, justice and the integrity of mankind and creation; it is of paramount importance. It is stated over and over again that without justice there is no peace. Peace is a result of justice and justice is a result of righteousness.

Background

Historians, anthropologists and explorers had always referred to the islands in the South Pacific Ocean as paradise. These were known as peaceful. That is no longer true. It is now recorded history that peace in the Pacific was distorted by an unwelcome war. Our seas, land and air were disturbed by uninvited guests, and these wholesome gifts to the islanders were used and polluted by a war that originated from greed. 1942-1945 clearly marked the changing tide from paradise to chaos. Our islands will never be the same. For good or evil, the Second World War marked the beginning of emerging modern states in the South Pacific.

Nuclear Testing

The South Pacific cry during the 1983 World Council of Churches General Assembly was, "If it is safe test it in France, store it in the United States, dump it in Tokyo". Because of the vastness of the ocean there is no accurate system available by which we can effectively monitor nuclear testing and dumping in the South Pacific. We are aware that France continues its testing of nuclear bombs at Mururoa Atoll. France also continues to reinforce its strategic military presence in New Caledonia where its nuclear submarine base is found. The other nuclear power in the South Pacific is the United States, which has been using the people of Majuro Atoll as guinea pigs. The islands surrounding the area are suffering from long term exposure to radiation.

Whatever the United States and France are doing it is of no benefit to the development of the Pacific people. Instead of giving us bread to survive, they are giving us poison to die. Instead of respecting our rights to exist as human beings they are treating us as guinea pigs, people with neither dignity nor integrity. Instead of helping to preserve the environment, they cause its deterioration, though we have to continue to live in it. The United States and France, because of their desire to freely test nuclear weapons, store and move nuclear ships and submarines, are never prepared to abide by the constitutional rights of the Pacific nations. Out of their arrogance they have no regard for the popular will of our people. They do not even listen to petitions presented during anti-nuclear demonstrations and protests. I am, therefore, saying that the United States and France have no sympathy for the national integrity of the independent states of the Pacific. The call for those people to go home is no longer being made only by a few "peace-niks" in the churches and peace movements, but today it is shared by many who not long ago were so addicted to worship of everything US or French that they would not think or act otherwise. Our people are fed up with what these two nations are doing. With the whole of creation we groan inwardly with pain, waiting for the time when a new creation will take place; waiting for the time when peace and justice will be given as the right of humanity and of creation in the Pacific.

"Peace, Justice and Integrity of Creation"

The desire for life and peace is the desire of all God's creation. To affirm, or to deny and to abuse life are both within human power. We have learnt to control and get whatever resources are available to us but we cannot replace whatever we have taken and used. We kill and destroy. These are actions seen as a denial and an abuse of life given to us by our life-giving God. We are destroying our planet, but we cannot build another one like it.

Humanity is living in the dark shadow of an arms race. The frantic race towards nuclear conflagration has accelerated sharply. We have moved from the horrors of Hiroshima and Nagasaki to even more horrific inventions. Whatever is being invented and produced in powerful countries is now being tested in powerless countries in the Pacific. Our peaceful Pacific is no longer peaceful and safe for survival. Justice and peace and even our means for survival are being threatened and contaminated with poison.

I draw our attention to the basic again. That is, "Where there is injustice there is no peace, for peace is a result of justice". Peace cannot be built on the foundation of injustice. The call for peace, justice and integrity of creation requires a new international economic and political

order based on justice for all in all nations, and respect for the God-given humanity and dignity of every person.

A PLAN OF ACTION

Discussion and decisions of the Action Group on "Issues of Nuclearisation and Militarisation of the Pacific Region"

Participants: Ellen Whelan, Francoise Chomette, Mari Sasabe, Wendy Flannery, Akuila Yabaki, Darlene Keju-Johnson, Ron Fujiyoshi, Carlos Sintado, Dorine v. Teeseling, Charles Kerr.

Goal and Spearheads

The overall goal is clearly denuclearisation and demilitarisation. However, because the goal is so large and because there is the realisation that attempts so far have appeared to have little to no impact, it is essential to avoid a feeling of hopelessness and frustration. Therefore, to provide a workable and clear plan of action, the group chose two spearheads as intermediary steps on which to focus work and activity:

1. To obtain a test ban
2. To increase public awareness of the extent and impact of nuclearisation and militarisation in the Pacific Region.

It quickly became evident that planning on the first spearhead, to achieve a test ban, involved increasing public awareness in the whole issue of nuclearisation and militarisation. The two issues are thus inseparable.

A Review of Resources and Obstacles of Pacific People

It was felt to be helpful to list as many as possible of both the resources and the obstacles to these spearheads.

Resources include:

1. Victims of radiation and their families all over the world.
2. Churches close to the issue.
3. Sympathising medical and scientific professionals.
4. International physicians for Prevention of Nuclear War.
5. Pacific Conference of Churches, Church and Society.
6. World Council of Churches, Church and Society.
7. International movements and organisations involved in the Pacific.
8. Nuclear Free and Independent Pacific (NFIP).
9. Political leaders who sympathise such as the Minister of Health in Tahiti, and some heads of governments in the region.
10. The chairperson of social issues of the Evangelical Church.

11. Some political parties in certain countries.
12. Committed individuals and leaders.
13. Information and analyses already made, such as books like CALL FOR A NEW EXODUS, BEFORE IT'S TOO LATE, etc., and films such as HALF LIFE, TAHITI WITNESS, PACIFIC PARADISE.

Obstacles include:

1. The lack of Tahitian independence.
2. The Western policy of defence by armament.
3. France's continual denial that nuclear testing is hazardous.
4. The invisibility of radioactive contamination, and the French Government inviting politicians and heads of state to tour French Polynesia to see for themselves that there is no problem at all.
5. The lack of grassroot level communication and information.
6. The lack of documented, verifiable evidence. The French government keeps the health records of those sent for medical treatment. Some people do not return. There is a lack of information, resources are not easily available and a growing distrust prevails.
7. Control of the media.
8. Economic aid is itself an obstacle as it may silence those who benefit. It also reduces people's self-reliance.
9. Both the lack of alternative employment in Tahiti, and the traditional admiration for French culture and values.
10. The French Government plans to move testing from Bikini (now virtually destroyed) to an adjacent atoll.
11. Many more obstacles can be enumerated.

First Essential Networking

Because it was felt that a major obstacle to all actions and plans is the lack of communication, or of even establishing a network of people responsible for communication and education, the first step was to lay out the following plan to establish such a structure. Future plans for action would then fit into this communication structure.

Firstly, it is necessary to personalize the network. A specific person must be designated as the contact person in each country, called the D&DP (Denuclearisation and Demilitarisation Person). Their task would be to ensure that information, news, events, and concerns are communicated rapidly between local churches in their region and between local and national churches (NCCs) and larger regional organisations, including the Pacific Conference of Churches, the World Council of Churches (Commission of Churches on International Affairs), regional networks such as CCJP (Catholic Commission for Justice and Peace), NFIP

(Nuclear Free and Independent Pacific), YWCA/YMCA (Young Women's & Young Men's Christian Associations), etc., and international and bilateral ties.

PLAN FOR THE STRUCTURE

Pacific Conference of Churches

Churches D&D person
- local level
- country level
- NCCs

World Council of Churches
- Pacific Task Force
- Commission of Churches on
- International Affairs (CCIA)
- Church and Society

Networks - Regional
- CCJP
- NFIP
- YWCA/YMCA
- etc.

- International (Contacts already in existence)
- US, Canada
- Holland, Germany
- Britain, France
- Belgium, Denmark
- Sweden
- Japan, Philippines
- Malaysia, Australia
- New Zealand

THREE PLANS OF ACTION

A. Radiation Illness Survey

Coordinate the following through PCC: Justice & Peace Desk:

1. Establish a laboratory in Tahiti to monitor and document radioactivity and health impacts in the Pacific (follow-up of Honiara Recommendation).

   a. Plan and budget to be set up by John Doom by December 1988, to submit to PAG (Pacific Advisory Group)

   b. Appeals for funds (if necessary)
      - circulated through D&DP
      - circulated in networks outside the region
      - NCC as a commitment to the case will

have a Sunday collection.

2. Marshall Islands

Health investigation coordinator: Darlene Keju-Johnson.

B. Increasing Awareness and Sharing Information

1. Information tours: These will include public meetings and meetings with politicians.

a. PCC will make up a team of Marshall Islanders and Tahitians to visit both countries.

b. Regional tours: there will be at least one visit every year to each country coordinated by the D&DP.

c. International tours in the setting of JPIC (Justice, Peace and the Integrity of Creation)

These tours must be coordinated by PCC, so that the feed-back and follow-up is guaranteed. Special attention will be given to French citizens. There will be visits from other countries outside the region, such as a coordinated visit by Germany and Holland through France to set up a network in France.

2. Films, Videos and Books

a. Each D&DP will be equipped with resources by the PCC.
b. The D&DPs are responsible for implementation.

3. Solidarity Events

a. Every Good Friday will be a day of prayer for the test ban, etc. (perhaps demilitarisation as a whole). This will follow what is done in Tahiti.

b. Other days should be examined such as 6-9 August and 1 March.

Tahiti will give examples of leaflets they have used to the Pacific Conference of Churches, who will in turn send them to the D&DPs. The PCC is responsible for implementation throughout the rest of the world to the international contacts.

4. Sharing of Information

Clippings are to be made by the D&DP, and church activities on the issue are to be noted.

This information must be shared by the other D&DPs in the region and the Pacific Conference of Churches. The D&DPs are responsible themselves.

5. Action Concerning Each Test

a. When a test has been made, each church in the region and internationally should send a letter to President Mitterand and the government of Tahiti.

b. CEPAC (Catholic Bishops' Conference of the Pacific) and PCC are responsible for the design of the letter. (Wendy Flannery and Akuila Yabaki)

c. The European network will be responsible for duplication and costs, sending them to D&DPs and the international network.

d. The exact plan for action should be implemented.

C. Approach and Lobbying on Political Level

How can we get to the political decision makers?

Plans A and B are very important for putting pressure on the political level, so that the lobbying can rely on worldwide solidarity at council and local levels.

The following bodies are the key points:

South Pacific Forum (SPF)
United Nations (UN)
European Parliament
National Parliaments of the Allied Western Countries.

They should be approached through national and international churches and the WCC and CCIA.

The churches in the region, as well as internationally, should commit themselves in the setting of JPIC to take up the test ban issue in their programmes and approach the politicians. Special attention should be given to Australia and the mining of uranium.

It is suggested that the CCIA (through Vicky Berry) will coordinate the following plan:

a. A strong team will come from the PCC to Europe to have meetings with the decision-making bodies. These include the French government, the European Parliament and the allied governments of NATO.

b. The CCIA New York office should coordinate the input to the United Nations.

Conclusion:

A. That in the meeting in Seoul in March 1990 the Tahitian and the French churches will make a covenant to commit themselves to one another.

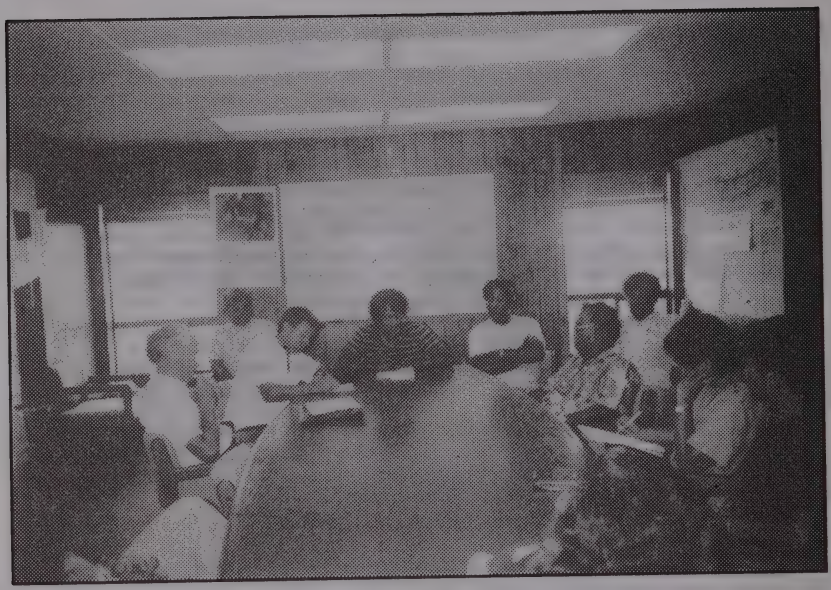
B. That the PCC work out a plan to put strong pressure on the WCC assembly in Canberra in 1991.

We believe that in the process of Justice, Peace and Integrity of Creation there is a good opportunity to create a mutual commitment to this case worldwide.

The tasks of this conference are:

1. to name very soon, a person in each of the NCCs to become a D&DP.

2. to ask the international participants to request that their NCCs, in the setting of the JPIC process, also take up the test ban issue in approaching their governments.



The team at work.

TEAM VISIT TO THE MARSHALL ISLANDS
October 11 - 21, 1987

I. TEAM MEMBERS: This was an independent team made up of persons with background in health and development from five countries and four different churches. Their names are listed at the end of this report.

II. PURPOSE OF VISIT: The WCC was invited by Marshall Islands Health Minister, Mr. Tony de Brum, to visit the country to assess their ongoing primary health care programmes and future plans and to promote improved understanding and advocacy for their efforts to improve health status in the Marshall Islands.

III. COMMENT:

1. PROVISION OF EQUAL ACCESS TO THE HEALTH CARE SYSTEM

The team recognized a number of problems in this area. There are basic geographic problems of the provision of equal access to health care for a population of approximately 35,000 which resides on small and widely scattered islands covering an area of 500,000 square miles. This not only presents the difficulties and high cost in transportation and communication (airstrips and airports are few, no specific airplanes for health care use, sea travel is slow and seasonal, few outer islands are equipped with a radio), but also demonstrates the differences in population and socio-economic set-up/model, e.g. 51 per cent of the population on Majuro and Ebeye (Ebeye has one of the world's highest population densities of over 55,000 persons per square mile - approximately 70 acres populated by 9,000 people) and the outer island residents constitute one of the most dispersed populations on earth (one person per 11.7 square miles).

The team feels that there is not enough emphasis (money) in the annual health budget on the outer island dispensary programme (10-13%) whereas 40 per cent of the budget goes into Majuro hospital. This is one of the causes of the shortage of health care workers (medex, MO, health assistants, midwives, health educators) at present and, more importantly, insufficient training programmes for updating and expanding the health care system to the public both in and out of the major cities.

It is obvious that there are complicated health care systems which are in place in the Republic of the Marshall Islands, these involve the Ministry of Health, 177 programme, US Department of Energy, regional and local government and private practice agencies from foreign countries. All these systems provide different levels of health care emphasis which artificially divide the Marshallese and are a source of resentment, moreover, they create different expectations of health care provision.

We acknowledge the distinct differences in cultural and social practices and beliefs between city and outer island Marshallese. These can be and indeed probably are the cause of different levels and demands for health care in relation to education, sanitation, hygiene, and nutrition. This is reflected in the rapid consumption of and dependency on junk foods and colas in two cities and the corresponding rapid rise in the incidence of adult diabetes mellitus, obesity, and hypertension, together with malnutrition, dental caries, and prolonged diarrhoea in children.

Lastly we feel that the differences in style and approach of health care workers due to training differences in different countries can be a potential problem in the deliverance of health care education.

We are delighted to observe the dedication of the Ministry of Health to the needs of the people of the Marshalls. The Ministry's recognition of the importance of primary health care and its deliverance to the population as a whole is of vital significance and extremely encouraging. With the teamwork of willing and competent expatriates and, possibly more significantly, Marshallese themselves, the emphasis is directed toward prevention and the promotion of health, this is the biggest step in the provision of equal access to the health care programme.

The recently organized outer island dispensary system and its retraining for health assistants programme is not only performing the crucial tasks of providing essential supplies to over 60 dispensaries, staffing and staff retraining, but is also attempting a community approach to the maintenance of dispensaries and health/sanitation promotion. However, it is still suffering from insufficient funding and personnel.

We observed new community-based programmes and campaigns in the promotion of primary health care (family planning, sex education, mental health, nutrition, anti-smoking, etc.) via sports activities, youth programmes, church and women's groups, and TV and radio activities. These programmes are most creative and, no doubt, will make the most impact on health among the younger generation.

The youth and women's groups participating in the programmes are dedicated, enthusiastic, refreshing and, most importantly, are making an impact deep into the public sectors. We believe that these programmes are producing excellent results but that still a system of evaluation is needed for modification and the planning of future programmes. We would like to see a wider expansion of the participation among the forty to sixty per cent of the population outside Majuro and Ebeye where the programmes are at present primarily concentrated.

Such sanitation improvements as new and clean water and continuous electricity supply, improvement in sewage and garbage collection and treatment are indirect factors in health care delivery which are now under RepMar or local government management. The most significant improvement in sanitation and environment protection lies in the field of education.

Geographical problems (especially transportation and communication) are addressed by special health care vehicles, e.g. ships that make regular trips to the outer islands for immunization, health screening, and supplies.

Another possibility might be sea planes and specially trained health care personnel to overcome the vast distances quickly for the above services as well as for emergency evacuation use - these might be modelled on the flying doctor programmes in Australia and Africa or the Medevac system in Canada which serves the natives, Aboriginals, Indians and Inuits.

The team recognises the importance of the early integration of the various health care systems but at the same time recommends the recognition and respect of the special needs and health problems from the different regions, especially the 4 "radiation-exposed" atoll residents (see III - 5).

We also appreciate that traditional cultures are respected and incorporated into the primary health care practices, they are the most important and effective vehicles for educating the general public and a major determinant in the success of future programmes.

Education should be continued together with exchange of information and medical practices between doctors, health workers (e.g. medical rounds, study groups, self-evaluation groups, and medical books available in the dispensaries), these will lessen the apprehension of the public and enhance the teaching of health issues.

Unfortunately, even though the importance of primary health care to all Marshallese is recognised, the 1988 health budget (5.7 million) fails to underline the emphasis (a 10

per cent decrease rather than an inflation index increase of health budget over 1987 is indeed unfortunate). Still only 9.2 per cent of the health budget is for public health, and 12 per cent goes to the outer island dispensary programme. Without sufficient funding to the two most important and in the past most neglected programmes, the provision/promotion of primary health care among the Marshallese in an equitable and realistic way is almost impossible.

2. APPLICATION OF AVAILABLE HEALTH SERVICES ACCORDING TO PERCEIVED NEEDS

We were told that many individuals and teams come to the Marshall Islands to evaluate various aspects of the health status and make recommendations according to their perception of needs.

The Health Ministry, beginning with the report of a government health task force two years ago, has made great strides in reorganizing to make primary health care its priority according to its perception of the need. There still remains the task of making this priority a reality in the communities and medical institutions in the country. Fifty-nine per cent of the health budget is for hospital services.

It has been shown all over the world that health is enhanced most by facilitating communities to assume ownership of their own health by defining and prioritising their own health problems and seeking, in cooperation with government or NGOs, the solutions. CMC can provide an extensive bibliography on the theory and practice of these methods as well as consultation with those of experience.

3. COMMUNITY PARTICIPATION IN THE PROVISION OF HEALTH SERVICES

"Ejmour Ebed Ilo Lubiden Beim" (Health is in your hands). This concept is the key to primary health care. As Health Minister Tony de Brum puts it, "The Ministry of Health is casting a wider net in the health care system to catch those who are already sick and to prevent disease in order to insure that everyone is taken care of."

One of the ways to cast the net is through seminars like the "Health, Religion, and Tradition" seminar which was participated in by church representatives, traditional leaders, and health educators. This seminar recommended the initiation of the "Youth to Youth in Health (Jodrikdrik non Jodrikdrik)" under the Family Health Project. This active youth group has "jolted the population awake" through their songs, dances, and skits with health messages in radio programmes and more recently on television. The Majuro-based youth health group is further equipped in

health education and communication skills by the Ministry of Health so that they can reach out to more young people in the schools and the outer islands in the future. Private and public schools are receptive to the ideas of the youth group and have encouraged students to participate.

More such stimulus can be given to the various sectors such as the women's groups. The churches with the various traditional organisations are potential forces for generating community participation. Presently the churches and religious organisations that exist in the Marshall Islands are the Roman Catholics, United Church of Christ (Congregational), Reformed Congregational, Seventh Day Adventist, Assemblies of God, Independent Baptist, the Church of Jesus Christ of the Latter Day Saints (Mormon), Jehovah's Witnesses and Bahai. Consultation with representatives of the churches by the Ministry of Health should continue.

In Ebeye, community participation is generated through informal talks in coffee shops and via consultation with local officials. Crisis situations like the outbreak of typhoid and the perennial problem of diarrhoea serve as a rallying point of community action. A local health advisory board has been organized to manage the community health center. Through the Kwajalein Atoll Local Government the waste treatment and water desalination plants were established to improve sanitation and provide safe water supply. The Roman Catholic Church is actively engaged in the promotion of a natural family planning method consistent with the policy of their church.

Another organised group in Ebeye is the displaced Rongelap people. We listened to their stories and noted their concern for a truly independent scientific group to determine the safety of the Rongelap Atoll. As an activist group, they have sent representatives to the various parts of the world to develop support groups on their behalf.

Our group believes that to concretise the concept of "Ejmour Ibed Ilo Lubiden Beim" more health promotive activities should be introduced to the rest of the outer islands.

4. INTERSECTORAL INVOLVEMENT IN PRIMARY HEALTH CARE

The team accepted the principle that many components of economic sectors are required to work together to promote health and prevent disease. At the present state of development of the Marshall Islands, the private sector is still being established and the public sector dominates the provision of services. The voluntary not-for-profit sector, largely represented by the churches, is discussed elsewhere in this report. As pointed out, the churches are just

beginning to develop an interest in promoting health especially among young persons.

The team was not able to examine the extent to which different agencies contributed to primary health care. Yet during its inquiries it discovered recognition of the need for integrated action in the public sector; e.g. between the Departments of Health and Education with reference to health education and the training of outer island health assistants. In discussions on sanitation it was noted that several agencies were involved (e.g. local government, Departments of Health, Public Works and Education), but coordination was lacking. There was also some discussion of different sectors' involvement in the field of nutrition including the possibility of control of sugar-containing foods imported by the private sector.

The team was informed by senior health officials that integrated actions involving different sectors were a policy identified for further development and it was proposed to create intersectoral committees for that purpose.

5. THE QUESTION OF RADIATION EFFECTS IN MARSHALL ISLANDERS EXPOSED TO NUCLEAR FALLOUT

Members of the team were familiar with the history of nuclear weapon's testing by the U.S. Government on the Marshall Islands between 1945 - 1958. Particular emphasis was placed on the radiation effects experienced after deposition of fallout from the thermonuclear weapon (H-bomb) detonated at Bikini Atoll 1 March 1954 which had an explosive yield equivalent to 15 megatons of TNT.

Physical effects of radioactive substances on exposed Marshall Islanders have been recorded in reports from the Brookhaven National Laboratory and other specialist agencies working under contract with the US Government. Some Marshall Islanders suffered from acute radiation syndromes. The most prominent long-term effect has been the induction of nodules in the thyroid glands of exposed persons (including some who were being carried as fetuses at the time of the 1954 H bomb detonation). Thyroid nodules may progress to cancer of the thyroid, which may lead to premature death unless treatment (requiring facilities for specialized operations and radiotherapy) is efficiently pursued. Some instances of leukemia and cancer have been strongly suspected as resulting from exposure to radiation, notably congenital malformations among children of exposed women, to the radioactive fallout.

There is less recorded information on the profound social effects of the forced removal of people from Einewetok and Bikini Atoll and problems subsequently associated with radiation-affected people of Rongelap and Utirik and with

the attempt to resettle inhabitants on land where the residual contamination status remained unclear. Nor are details readily accessible on the history of compensation for nuclear testing (and associated legal actions), political and community responses and administrative responsibilities for radiation-related matters.

Nevertheless, from examining materials available to it and prior to commencing enquiries, the team realized that the issue of health effects from radiation was bound up with many complex socio-economic, political and cultural considerations. Accordingly, the team resolved to limit its enquiry on radiation related matters to an attempt to resolve three interrelated questions:

1. Were problems ascribed to radiation perceived by a sample of Marshall Islanders who were directly affected by the tests being addressed by the government authorities with the aim of just and effective resolution?

2. Were there adequate health care arrangements for the specific health problems associated with exposure to radiation?

3. Were the special health care arrangements for radiation-affected people effectively integrated with the general Marshall Islands health services?

The first question was examined by the team at a meeting held on Ebeye with representatives of the radiation-affected people from Rongelap. It was evident that this group sincerely believed that many illnesses, some of which are not generally associated with the effects of radiation, had arisen as a consequence of their exposure. It was equally clear by remarks made by some older persons that ill health and related problems were not simply a consequence of radiation but reflected a broader issue of upheaval from their land, disruption of their communities, patterns of living, nutrition and cultural practices. Although, as would be expected from the aims of the meeting, radiation was expressed as the main issue of concern, there was a very strong impression that some Rongelapese, at least, blamed disruption of their former society as a contributor to their health problems. They also expressed feelings of powerlessness over their future and strong dissatisfaction that they were not involved in decision making on their behalf.

The people did not trust government agencies, expressing greatest disapproval of the US Department of Energy. A major reason for this stance arose from what they saw as unreliable information about the current radiological safety of Rongelap. A typical concern was expressed as "They tell

you the more you eat, the sicker you become." This response indicated that official statements about residual low level contamination of certain foodstuffs were quite unacceptable to the group who demanded unequivocal evidence about the safety of their atoll. Accordingly, they supported strongly the proposition that an independent enquiry, not involving US government officials, be set up to resolve continuing fear about the safety of Rongelap. The team understands that this matter is currently being considered by the Marshall Islands government.

The Rongelap people expressed some general dissatisfaction with the current arrangements for the health care of the radiation-affected. On further questioning, it transpired that the main reason for their opinion reflected not so much the nature of health services but certain aspects of the monetary allowance for medical care attendance.

The second question, dealing with health care arrangements for specific health problems associated with exposure to radiation was examined in interviews with officials of the 177 health plan currently operating to provide a comprehensive health care coverage for people from the 4 atolls affected by fallout. This plan, originally designed to provide for the 176 people designated by the US Department of Energy as directly exposed to fallout in 1954 now covers 8,260 persons. The additions to the original group have been nominated as exposed persons by mayors and other community representatives. The 177 plan has an annual budget of two million dollars and is managed by Mercy International Health Services under provisions of the Compact of Free Association (which continues for 10 years).

The 177 plan, as described to the members of the team, provides health services for exposed persons and a comprehensive service to the four atolls designated as being affected by fallout. The later services include responsibility for primary health care, four visits per annum by a physician, transport of persons requiring higher level medical care, training schemes for health assistants, and access at no cost to secondary and tertiary medical facilities in, respectively, the Marshall Islands and the USA. There are plans to more adequately support health assistants by translating appropriate primary care texts into Marshallese and to strengthen the currently inadequate dental services.

Some shortcomings of the 177 plan were identified by its administrator, Mr. J.P. Kellogg. Financial arrangements, especially the per diem subsidy, provided incentive for being ill rather than for remaining healthy. Over the years, people on the four atolls have come to express a strong preference for medical care by visiting American Caucasian physicians. Finally, officials and health workers

in the 177 health plan were exposed to expressions of envy and jealousy from others who regarded the plan as privileged and far in excess of what were provided for the general Marshall Islands health services.

The third question relating to integration of special services for the radiation-affected with general health services has been largely answered in the above account of the 177 plan. Obviously, the plan has evolved to become a structurally distinct health service with some specific goals that are designed exclusively for those exposed to radiation. Equally obvious, the financial arrangements for people under the plan (especially the per diem allowance) will be seen by others to confer an advantage (perhaps in some cases, unfairly) by comparison to those who are served by the general health care system. What was heartening to the team members who enquired into the latter was the degree of willingness to further the integration of primary health care expressed by administrators and providers of health care on both sides. There appears to be a general intent to surmount the formidable barrier by a close working relationship between those responsible for Department of Health services and those who direct the 177 plan.

The team draws several conclusions from the foregoing account which offers a few suggestions for consideration.

1. If the views of the Rongelap people as expressed to the team generally reflect those groups affected by radiation, then there remains considerable public dissatisfaction and hostility over the human consequences of the US nuclear tests. The team is fully aware that the views expressed to it reflect the legacy of many complex events and issues, some of which are not directly connected with health and disease. Nevertheless, the social and cultural dislocations that resulted from the tests can indirectly affect health and well-being in excess of direct damage induced by irradiation. There are two matters within the team's competence to judge in general terms. The first is a strong indication that certain communities do not believe they are sufficiently involved in important decision making relating to radiological contamination of their land and those who were exposed. Expressions of powerlessness, dependency and hopelessness suggest that non-involvement of relevant groups still persists. The other conclusion relates to breakdown in communication as exemplified by the high distrust of government agencies and the failure by authorities to explain scientific matters in terms that can be understood by the public.

2. One prior concern by the team was the realization from analyzing fallout measurements in Europe after the

Chernobyl disaster, that radionuclide depostion could be much more variable and meteorologically unpredictable than indicated by existing information, including that reported for the Marshall Islands. Accordingly the team wondered whether existing data may have underestimated the extent of potential exposure of the Marshall Islands population. To some extent this concern has been strongly supported by the study of T.E. Hamilton and colleagues (Thyroid neoplasia in Marshall Islanders exposed to nuclear fallout, Journal of the American Medical Association, August 7, 1987). These workers found the extent of thyroid gland nodules, indicative of iodine radionuclide uptake after the 1954 H-bomb test, was much more widespread than originally thought. It follows that the risk of developing harmful changes is much larger (33%) than previously estimated. In view of this prediction of a relatively large burden of additional cases of thyroid diseases requiring specialized medical facilities, the team suggests that consideration be given to attracting an advance diagnostic facility for thyroid disease to the Marshall Islands. The area is one of active medical research on validity of diagnostic systems and it may be possible to contract with a leading thyroid investigation centre (under National Institutes of Health or comparable research funding) to set up a diagnostic unit to reduce the need for sending affected persons to Hawaii or the mainland USA. Because research techniques would be undertaken on patients' tissues and serum removed for routine diagnostic procedures there would be no question of using exposed persons as "guinea pigs" or for similar controversial exploitations. Although advanced therapeutic resources elsewhere would still be required, the establishment of a small diagnostic unit in the Marshall Islands would reduce travel and maintenance costs for diagnostic purposes and release funds for other essential health care activities.

3. The 177 health plan for radiation-exposed persons represents the culmination of a complex process for providing healthcare and partial compensation for persons exposed to radiation. The team acknowledges that criteria for access to the plan appear liberal and it would be unlikely that any person with a reasonable case for exposure has been excluded. Unfortunately, the financial advantages of belonging to the plan appear to overwhelm the health benefits in the eyes of the exposed persons (and for that matter, everybody else with whom the team discussed the special provisions for the exposed). This profound structural defect appears to be so firmly entrenched in political and economic arrangements with the USA, that its potential for creating dependency for persons with health problems (and divisiveness with those not included) looks likely

to continue until termination of the Compact. The only alternative would be to attempt to change the principle of individual remuneration for sickness to one where the individual is rewarded for remaining healthy and not consuming costly medical care. This, a principle on which health maintenance organizations operate in the USA, would be a preferable solution, but it would need strong political and administrative commitment to convert this concept into a feasible proposition. The team would support, however, any serious consideration of this alternative.

Given the structural difficulties which separate the 177 plan from Department of Health services, the team was impressed by the cooperative spirit and useful initiatives being developed by administrators and senior health workers from each authority. If such can be maintained and developed further as currently intended, then the team believes that the maximal benefits will be obtained for health of exposed persons under very difficult organizational arrangements.

IV. CONCLUSION

During the closing debriefing the team members discussed each section of the report with the Minister of Health and his staff. We all agreed that an assessment of ongoing primary health care programmes cannot be done by the team because of the limited duration of the stay. We visited only the following health programmes: Youth-to-Youth in Health, outer islands dispensaries in Laura (Majuro Atoll) and Bikarej (Arno Atoll), Majuro and Ebeye hospitals and various health offices like the outer island dispensary, Compact 177, mental health and family health. We also had the chance to interact with the local officials of Ebeye especially with the mayor who toured us to the water desalination plant and waste treatment plant that contributed to the decrease in the incidence of diarrhoea. The Mayor of Ebeye also presented the plan to put up a community health centre.

During the debriefing we agreed on the following observations:

1. Concentration of health activities in Majuro and Ebeye.

2. Outer island dispensaries need to be maintained, supervised and monitored by ministry officials. Health assistants should be provided with textbooks and given refresher courses on both curative and preventive medicine. Emphasis should however be given on health promotive/preventive activities. If the ministry of health is to be true to its mandate, a higher budget

should be given to health promotive activities in the outer islands.

3. Compact 177 has to be reviewed in line with the constitutional mandate of Health for All. In line with this, health education activity should increase.

4. The Youth-to-Youth in Health should be supported by the Ministry as this will enhance community participation and provide hope among young people. This will also channel their energies to activities that will benefit the Marshallese. They should be given the possibility to share this to the other outer islands. To widen their horizon, south-to-south exchanges of young people should be planned in the future.

The Ministry staff suggested that a WCC/Health Ministry continuing relationship should be maintained:

1. continuing to raise awareness among member churches and councils of churches in the USA on the issues obtained in the Marshall Islands in order to create political leverage on the congress to require open access for Marshallese to information on radiation obtained in testing to date, to provide access to US courts to redress claims of injury, and to provide access by the Marshall Islands Ministry of Health to the medical records of Marshallese being studied since the beginning of atomic testing there,

2. telling the Marshall's story to WCC constituents throughout the world,

3. continuing to assist the Republic of the Marshall Islands materially through funding for health programmes such as the project submitted for training health assistants, providing advice and materials for curriculum development and other areas as requested, and assist the Ministry in locating funding sources for thyroid cancer research.

APPENDIX

Monday, October 12, 1987:

Formal meetings for the team began Monday, October 12, with meetings at the Ministry of Health Services. The team was introduced to public health and nursing staff at the opening of a WHO-sponsored immunization workshop. The group then met at the Preventive Health Centre with a Family Planning and Health Education staff: Nurses Hellen Jetnil and Johanna Rilang, FP, Director Darlene Keju-Johnson, Health Educator Roma Bejiko, FP Secretary Widan Johnson, Peace Corps volunteer health educator Marie Wells and Youth-to-Youth in Health members, Child Anitok, Martina Lanni, and Roldan Lajar.

After lunch, the group met with Health Minister Tony de Brum, Secretary Marie Maddison, Assistant Secretary Preventive Jan Alfred, Assistant Secretary Administration Neijon Edwards, Mercy International Health Services Hospital Administrator Terry Barber and FP Director, Darlene Keju-Johnson.

A brief welcome ceremony was held at the hospital cafeteria, emceed by Neijon Edwards. Following this, the group was given a tour of the facilities by Barber and Edwards.

Tuesday, October 13, 1987:

At the Preventive Health Center, the full team met with the group that developed primary health training proposal which the WCC is working to support financially. At the meeting were Jan Alfred, Director of Continuing Education for Primary Health Workers, Alex T. Keju, Darlene Keju-Johnson and Giff Johnson.

A luncheon with religious leaders was attended by Deacon Alfred Capelle and Fr. Jim Gould representing the Catholic Church, Rev. Kanki Amlej representing the Reformed Congregational Church of the Marshall Islands, and Rev. Thompson Riklon and Rev. Thompson Phillip of the Seventh Day Adventist Church.

In the afternoon, the group split to meet separately with Alele Museum staff Alfred Capelle and Kanki Amlej and Health Services representative Susan Cole, and with the Social Services youth outreach worker, Mittle Ralpho, and Health Services' representative, Darlene Keju-Johnson.

The Youth-to-Youth in Health group entertained the group at a dinner party at Giff and Darlene's home with Marshallese

songs and dances. At the gathering, the group met informally the following people: Health Planner Glenn Olthoff, Director of Human Services Susan Cole, Hospital Special Projects Manager Skip Cole, Jan Alfred, FP nurse Hellen Jetnil.

Wednesday, October 14, 1987:

The group met with Rev. Enja Enos and his students at the Marshalls Theological College in Rita. Susan Cole joined the group for the meeting.

The team left for Kwajalein and Ebeye on Continental Airlines at 2:15 p.m. and was met at the airport by Julian Riklon. Part of the group stayed at the Kwajalein Atoll Development Authority (KADA) Hotel, the other at the bible translation office. In the evening, a group of about 25 Rongelap people met with the team, with Julian Riklon leading the meeting.

Thursday, October 15 (Wednesday, October 14 Ebeye time)

In the morning the team met with a combined group of Community Health Centre Advisory Board members and members of the Kwajalein Atoll Local Government Council. Kwajalein Mayor Alvin Jacklick led the meeting, which included the following people: Johnny Lemari, Jeban Riklon, Ned Nemra, Alee Jeadrik, Kinoj Mawilong, Ishimura Lautona, Masao Junios, Abon Jeadrik, Kimra Riklon, Hermina Langihota, Julian Riklon, Sholla Riklon and John Anjain.

Following this, the mayor gave the team a tour of the island including the new power and desalination plant, the waste treatment plant, the park area and other parts of Ebeye.

At noon, the team lunched with Fr. Leonard Hacker who oversees both the Catholic Mission and the Catholic Elementary School on Ebeye.

After lunch, the team toured the hospital and met with staff and administrators including Drs. Alan Talens and Austin Jelke, graduate nurse Tony Joseph, assistant administrator Jolbo Samuel, practical nurses Glary Janar, Kam Judah and Huaches Kilma. After the tour, members of the team met with Robert Williams of the 177 health programme for the irradiated Marshallese.

The group returned to Majuro in the evening via Continental Airlines.

Friday, October 16, 1987:

The team went on rounds with medical staff, including hospital administrator Terry Barber. After rounds, the team

met with the medical staff including Drs. Neal Palafox (Medical Director for Public Health) and Rob Williams.

The team had a luncheon meeting with Health Educator Justina Langidrik, Darlene, Jan Alfred and G. Johnson. After lunch, the group drove to Laura at the end of Majuro Atoll to visit with the health assistant, Riddle Samuel, at the Laura Village Dispensary.

Saturday, October 17, 1987:

In two outboard engine speedboats, the team set out for Arno Atoll, about 15 miles away from Majuro. The journey took about one hour and 10 minutes. The team visited Bikarej Islands, an island surrounded by coral reef that required swimming from the boats, and then trekking along coral for about a mile before reaching the shore. The group, which included Preventive Health staff Roma Bejiko, Hellen Jetnil and Darlene Keju-Johnson, was greeted by health assistant Second Labaun. The people of the island had prepared a lunch of various kinds of breadfruit, crab, rice and coconut and drinking coconuts.

A tour of the dispensary followed, and then a meeting with about 10-15 people (plus many children) from the island at the village church. An eight months pregnant woman who required medical observation in Majuro was taken back to the hospital in the boats with the group.

Sunday, October 18, 1987:

David Gosling, Charles Kerr and David Hilton attended the Uliga Protestant Church (UCC) and met with Rev. Jude Samson briefly at the conclusion of the service.

Linda Senturias and Bernie Lau were hosted by the Catholic Women's Group for lunch and a lengthy discussion about women, health and other matters. Philomena Muller, President of the group, chaired the meeting.

The group met over lunch at Giff and Darlene's house in Long Island.

Monday, October 19, 1987:

Linda spoke to the Assumption High School in the morning, and then met with Assumption Elementary School Principal, Biram Stege. While she was at the school, the others split into two groups. Charles Kerr and David Gosling met with Jim Kellogg, director of the 177 health programme for irradiated Marshallese and Hospital Administrator Terry Barber, and David Hilton and Bernie Lau with Arata Nathan, Director of Outer Islands Dispensaries and Health Planner Glenn Olthoff.

Later in the morning, team members again split up: Bernie Lau and David Hilton met with mental health staff at the Preventive Health Centre, Linda Senturias and David Gosling went to observe Youth-to-Youth in Health Education presentations (done by Jeledrik Binejal, Roma Bejiko, Child Anitok and Roldan Lajar) to the sixth, seventh and eighth grades at Assumption Elementary School. Principal Biram Stege introduced the WCC group.

The group met with Jan Alfred, Darlene Keju-Johnson and Glenn Olthoff at the Preventive Health Centre after lunch.

The team hosted a dinner at a local restaurant for all the Preventive Health staff and Youth-to-Youth in Health who organized the visit.

Tuesday, October 20, 1987:

The team met with Health Minister Tony de Brum, Secretary Maddison, Assistant Secretaries Jan Alfred and Niejon Edwards, Mercy International Health Services Director Terry Barber, Darlene and Justina to discuss the visit, report and follow-up.

The Protestant Uliga Church youth choir under the leadership of Justina and the assistant pastors entertained the group at a local restaurant in the evening.

Later in the evening the Youth-to-Youth group gave the team a musical send-off at the home of Darlene and Giff Keju-Johnson.

MEMBERS OF THE WCC MARSHALLS TEAM

1. Leader: DR. ERLINDA N. SENTURIAS, M.D., Programme Director, National Ecumenical Health Concerns Committee of the National Council of Churches in the Philippines; Moderator of the Christian Medical Commission of the WCC and a member of the WCC Central Committee. Main area of expertise is primary health care in developing countries.

   LINDA is also a health consultant to the United Church of Christ in the Philippines, a member of the Board of Incorporators of the Medical Action Group in Manila and Secretary/Treasurer of the Council for Primary Health Care in the Philippines.

2. CHARLES KERR; MB. BS, D Phil. PRACP, FFCM R.C.S. (Royal College of Surgeons), Professor of Preventive and Social Medicine, University of Sydney. Professor Kerr is a medical geneticist who works on antenatal screening programmes for detecting foetuses with serious genetic defects and investigates harmful chemical and physical agents (including radiations) which can damage genes and cause cancer. He is also involved in strengthening primary health care services for Australian Aborigines, the delivery of family planning services and the evaluation of health education programs. He is Programme Director of the MPH courses in Sydney which attracts health professionals from SE Asia and the South Pacific.

3. DR. BERNIE LAU, M.D. is a family doctor in Toronto, Canada. He has worked with N. American Indians and Eskimos and on Ebeye from 1985-86. He has recently been involved in a radiation and health project in Malaysia and is joining us here on his return journey to Toronto.

4. DR. DAVID HILTON, M.D. is Associate Director of the Christian Medical Commission of the WCC. He worked for 14 years in Nigeria, first as surgeon/hospital administrator, later in primary health care. For six years he was the physician to the Seminole Native American tribe in Florida.

5. DR. DAVID GOSLING is Director of Church and Society of the WCC, a programme dealing with the social and ethical issues raised by the rapid advances of science and technology and threats to the environment. He is a chartered physicist and taught physics at the University of Delhi for 6 years. More recently he has done sociological studies of the effects of science on south and southeast Asian societies.

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